

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8280**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **281**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene 1396</b>	
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>401 1/2 Elm</b>	

3. NAME OF DECEASED (Type or Print) <b>LONNIE LEE JONES</b>			4. DATE OF DEATH <b>March 14-1954</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 16-1889</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Guard at Federal Hosp.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Christian Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Jewell Burrell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-20-0728</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ray Hedgpeth, Nixa, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 1954**, to **Mar 14, 1954**, that I last saw the deceased alive on **Mar 14, 1954**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James Ford</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Springfield, Mo</b>	23c. DATE SIGNED <b>3-15-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-16-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Payne Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nixa, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-17-54</b>	REGISTRAR'S SIGNATURE <b>Earth Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>	ADDRESS <b>Clever, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address..... *Cleveland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.